

105027

I hereby certify that the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

029000

DATE May 23 1990 SIGNED [Signature]

At Cook County Department of Public Health Official Title, Chief Deputy Registrar, 1500 S. Maybrook Drive, Maywood, Illinois, 60153

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-0 STATE FILE NUMBER

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **JAMES L. SEVIER** Male 3. **MAY 21, 1990**

COUNTY OF DEATH: **Cook** AGE-LAST BIRTHDAY (YRS) 5a. **72** UNDER 1 YEAR (MOS. DAYS) 5b. UNDER 1 DAY (HOURS MIN.) 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. **January 15, 1918**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. **Olympia Fields** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. **Olympia Fields Hospital** IF HOSP. OR INST. INDICATE D.O.A., OP, EMER, INPATIENT (SPECIFY) 6c. **Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. **Indiana** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. **Hazel N. Reed** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. **Yes**

SOCIAL SECURITY NUMBER 10. **313-01-9353** USUAL OCCUPATION 11a. **Driver** KIND OF BUSINESS OR INDUSTRY 11b. **Mail Delivery Express Agency** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. **12**

RESIDENCE (STREET AND NUMBER) 13a. **9409 W. 77th Avenue** CITY, TOWN, OR ROAD DISTRICT NO. 13b. **Schererville** INSIDE CITY (YES/NO) 13c. **yes** COUNTY 13d. **Lake**

STATE 13e. **Indiana** ZIP CODE 13f. **46375** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14. **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. **NO**

FATHER-NAME: FIRST MIDDLE LAST MOTHER-NAME: FIRST MIDDLE LAST

15. **James V. Sevier** 16. **Naomi Breedlove**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **Mrs. Hazel N. Sevier** 17b. **Wife** 17c. **9409 W. 77th Ave. Schererville, IN**

18. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

(a) **Acute respiratory failure**
DUE TO, OR AS A CONSEQUENCE OF

(b) **Acute septicemia**
DUE TO, OR AS A CONSEQUENCE OF

(c) **Colon cancer**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST: **3 months**

PART II: Other conditions contributing to death but not resulting in the underlying cause (b) in PART I

DATE OF OPERATION, IF ANY: 20a. MAJOR FINDINGS OF OPERATION: 20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

21a. **12 18 89** 21b. **no** 21c. **3:50 P.M.** M. HOUR OF DEATH

22a. SIGNATURE: [Signature] 22b. **May 23, 1990** DATE SIGNED (MONTH, DAY, YEAR)

22c. **0360630** ILLINOIS LICENSE NUMBER

22d. **Gerald M. Davidson, D.O.: 231 Joliet St. Dyer, IN 46311** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. **Burial** CEMETERY OR CREMATORY-NAME 24b. **Chapel Lawn Gardens** LOCATION, CITY OR TOWN, STATE 24c. **Schererville, Indiana** DATE (MONTH, DAY, YEAR) 24d. **May 24, 1990**

FUNERAL HOME NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP

25a. **Schroeder-Lauer Funeral Home 3227 Ridge Rd. Lansing, Illinois 60438**

FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. **7258**

LOCAL REGISTRAR'S SIGNATURE 26a. [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. **May 23, 1990**

NOT OFFICIAL!
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11-31-5
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 JUN 11 12 35 PM '90
 ROBERT P. ... AND
 JUN 1 1990
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